

## ATYPICAL PRESENTATION OF A RARE ENTITY: SALMONELLA SPONDYLODISCITIS IN AN AFEBRILE PATIENT WITH ULCERATIVE COLITIS AND SWEET'S SYNDROME

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**Introduction:** Salmonella spondylodiscitis is a rare disease that afflicts the immunocompromised and children with sickle cell disease<sup>1</sup>, who typically present with fever, back pain, and occasional gastrointestinal symptoms. It is commonly mistaken for tuberculosis<sup>2</sup>. Thus far there has been no association with ulcerative colitis (UC) nor Sweet's Syndrome (SS).

**Discussion:** A fifty year-old male, with ulcerative colitis on Mesalazine and Sweet's Syndrome on occasional low-dose Prednisolone, presented to the Orthopaedic clinic with progressively worsening chronic non-radiculopathic localised lumbar back pain of three months duration following a trivial fall, not aggravated by movement. Six months ago, he had been successfully treated for Salmonella sepsis, having completed six weeks of Ceftriaxone and drainage of a culture-negative cerebral abscess. There was no recent fever, weight loss, nor night sweats. Examination found an afebrile patient, localised lumbar tenderness, no neurological deficit, normal anal tone without saddle anaesthesia, and no Cushingoid features. Septic markers were elevated: WCC 13x10<sup>3</sup>/uL; CRP 148.4mg/L; ESR 120mm/H. Diabetes, HIV, blood cultures, and tuberculosis screening were negative. Radiographs showed no fractures, only erosion of vertebral L3 upper end plate. MRI revealed spondylodiscitis of L2/L3 involving adjacent vertebral and epidural infiltration. Subsequent transpedicular biopsy in the operating theatre cultured Salmonella sensitive to Ceftriaxone, allowing appropriate three-month antibiotic treatment resulting in complete recovery. Tissue culture is the mainstay of diagnosis because symptoms and radiological findings mimics tuberculous spondylodiscitis<sup>2</sup>. Both UC and SS have not been linked to salmonella spondylodiscitis: UC has been associated with fungal, not salmonella spondylodiscitis; whereas salmonellosis or UC can cause SS<sup>3</sup>. UC has shown a relationship with salmonella<sup>4</sup>.

**Conclusion:** We postulate that the salmonella load related to UC (also causing SS) resulted in this rare occurrence of salmonella spondylodiscitis.